



December 18, 2006

Dear State/Territorial Official,

In May 2006, the White House Homeland Security Council (HSC) issued a plan entitled "*The National Strategy for Pandemic Influenza: Implementation Plan*," to guide the Federal government's ability to safeguard the American people in the event of an influenza pandemic and to help prepare the nation's public health and medical infrastructure. The *Implementation Plan* directs the Department of Health and Human Services (HHS), in coordination with the Department of Homeland Security, to review and approve State pandemic influenza operational plans. The purpose of this letter is to articulate HHS expectations regarding the planning process and to request specific information from States on their pandemic influenza operational plans.

Last summer, state and territorial public health officers were reminded that their pandemic influenza operational plans would need to be submitted for review. In the fall, Secretary Leavitt apprised each Governor of this as well.

Please note that the state's pandemic influenza operational plan should include not only public health but also the economic, education, and other sectors. The impact of an influenza pandemic is significant and widespread; all aspects of state government should be prepared for a pandemic. State agencies should be actively engaged in developing and exercising the State pandemic influenza operations plan and in preparing the State's response to this request. HHS expects the State Health Official to provide the requisite leadership for their colleagues in other parts of State government to become engaged in this process.

HHS is leading an interagency workgroup to accomplish the review of the plans on the Federal government's behalf. The HHS Centers for Disease Control and Prevention (CDC), Coordinating Office of Terrorism Preparedness and Emergency Response is responsible for soliciting and receiving all States' submissions. States are required to submit the information described in the attachments to the CDC by March 1, 2007.

Several federal departments identified the priorities, capabilities and benchmarks that are critical to a pandemic influenza response and will participate in the assessment of States' pandemic influenza operations plans. States' submissions should address these priorities. To facilitate assessment of each States' readiness, the submission for each priority should be the pertinent part of the State's **operational** plan for combating pandemic influenza. Attached are more detailed instructions for the submission. Information should be organized by the thematic template provided.

Please contact your CDC Public Health Emergency Preparedness Cooperative Agreement Project Officer if you have any questions.

Sincerely,

/S/

Dr. Richard Besser  
Director, Coordinating Office of Terrorism Preparedness and Emergency Response  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services

Attachments

# **Instructions for Submission of Information from State Pandemic Influenza Operations Plan**

## **Overview:**

States' pandemic influenza operations plans are likely to vary considerably in scope, detail, and format – thereby making review and comparative analysis unduly difficult. **Therefore, this is not a request for a copy of the entire State operations plan(s). Please submit only the pertinent parts of each State operations plan that correspond to each priority identified in the template below and in accord with the prescribed format.** For your reference, Federal Emergency Management Agency (FEMA) defines an emergency operations plan as “a document that: describes how people and property will be protected in disaster and disaster threat situations; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available for use in the disaster; and outlines how all actions will be coordinated.”

While you are not being requested to provide local government plan details, it is expected that you have situational awareness, incident reporting, resources request, and resources allocation arrangements with local governments and special jurisdictions (such as port authorities) in your State.

## **Template Instructions:**

Attached is a template to provide the requested information extracted from your State pandemic influenza operations plan. The template is divided into three sections: table of contents, jurisdictional information and thematic areas.

The template is organized further by thematic areas. State agencies -- with strong leadership from the State Health Official -- should work collectively to prepare the thematic area submissions and include them in the template. The State Health Official then will be responsible for submitting the completed template as instructed below.

## **Section 1: Table of Contents**

Please provide a listing of the jurisdictional information, thematic areas and priorities by page number.

## **Section 2: Jurisdictional Information**

Please provide the general jurisdictional information requested including agency and/or businesses involved in developing or exercising the State pandemic influenza operations plan. Assumptions established for planning purposes also should be listed. Absence of the planning assumptions could compromise the review of the State's submission.

### Section 3: Thematic Areas

**Priorities:** Within the thematic areas are priorities identified by the participating Federal Government departments. These priorities correspond to the functions or systems that these departments deem most important to decrease mortality, social disruption, critical infrastructure damage, economic strain, and other adverse consequences of an influenza pandemic.

For each priority, please provide the relevant parts of your State pandemic influenza operations plan within the template provided. The page limit for each priority is five (5) pages except where indicated. Depending upon the amount of text available, the template could be filled either by cutting and pasting from the State's operations plan or by inserting a summary of the pertinent section(s) to adhere to the page limit and providing a reference to the source document.

Also, please name and provide contact information for the individual responsible for the pertinent section(s) of the State's operational plan.

**Again, it is not necessary to submit the entire State operations plan(s). The corresponding sections of the State's operational plan (or summaries of them if necessary to meet the page limit) are the only parts that need be provided.**

**Corresponding TCL Capability:** The capability, found in the National Preparedness Goal, is included only as a reference. No information regarding your target capability assessment is requested at this time. The National Preparedness Goal (including the Target Capability List) can be found at the following URL: <http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm>.

**Benchmarks:** Benchmarks have been assigned to each priority area as a reference and are presented to help States evaluate their preparedness in terms of exercisable, outcome-based, objective measures. No information on achievement of benchmarks is requested at this time.

#### **Submission Instructions:**

**All submissions are due to the CDC no later than March 1, 2007.**

States must provide the requested information to CDC in two separate submissions.

**Submission 1:** Please E-mail your entire completed State template in Microsoft Word format to the following e-mail address: <mailto:Statepanfluplans@cdc.gov>

If your file is too large to send by e-mail please send a compact disc (CD) with the entire template in Word Format to:

Centers for Disease Control and Prevention

COTPER

Attn: Sheila Stevens

1600 Clifton Road, NE MS-D44

Atlanta, Georgia 30333

**Submission 2:** Please upload your responses for “Thematic Area: Health” via the Management Information System (MIS) located through your secure data network to your MIS homepage.

# Template for State Pandemic Influenza Operations Plan Submissions

Name of jurisdiction: Pangea

Jurisdiction POC for submission: John Doe, State Administrator, (123) 456-7890

Agencies/organizations/businesses involved in developing and exercising the plan:

- Agency
- Agency
- Agency
- Etc.

Planning assumptions used in plan:

- Assumption
- Assumption
- Assumption
- Etc.

## Thematic Area: Health<sup>12</sup>

(United States Department of Health & Human Services, Department of Defense)

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### Priority 1: Mass Vaccination

#### a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including a description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Implementation steps for the distribution and administration of vaccine including a system for the receipt, distribution, storage, monitoring, and administration of pandemic influenza vaccine with local and regional partners<sup>3,4</sup>; and,
- Include steps to ship vaccine to pre-designated sub-sites – to take into account limited vaccine availability (including vaccination by priority group)<sup>5,6</sup>.

#### b. References:

Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention), July 10, 2006. Available at:

<http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>.

Corresponding TCL Capability: Mass Prophylaxis

Benchmark 1: Locations for vaccination clinics are identified.

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<sup>1</sup> The Antiviral Drug Distribution Plan and Community Containment Plan should be submitted in their entirety to the CDC per CDC instructions.

<sup>2</sup> The five (5) page limit is waived for Priorities 1, 2, 3, and 4 under Thematic Area: Health. Twenty-five (25) pages are allowed to address each of these priorities.

<sup>3</sup> Assume that pandemic vaccine production will commence within 4-6 months of the start of an influenza pandemic and become available at a rate of five million to ten million doses per month (to cover the entire United States).

<sup>4</sup> Includes Department of Defense employees and their families to the extent that they are not covered by DOD immunization programs.

<sup>5</sup> Manufacturers and/or distributors will be able to ship vaccine to a moderate number of pre-designated sites within each State; however, shipping to pre-designated sub-sites will be a State/local responsibility.

<sup>6</sup> Assume that, during the first several months of a declared influenza pandemic, all vaccine will be federally purchased and allocated pro rata to States.

Benchmark 2: Requirements (e.g., medical, non-medical, security, transportation, logistics) for staffing vaccination clinics are documented.

Benchmark 3: Personnel, including pre-identified volunteers, are rostered for each clinic.

Priority 2: Public Health Continuity of Operation Plan (COOP)

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including a description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- A public health continuity of operation plan (COOP) to maintain essential public health functions and services OR actions that will be taken to ensure continuity of operations;
- Pre-identified personnel, equipment, and other resources needed to support a sustained response/survivability and recovery; and,
- Pre-identified primary and secondary individuals for core functional roles – as delineated in the Incident Command System (ICS) for Public Health and Medical Systems (ESF #8).

b. References:

National Incident Management System (NIMS) Integration Center. Available from:  
<http://www.fema.gov/emergency/nims/nims.htm>.

Federal Preparedness Circular #65 (Federal Executive Branch Continuity of Operations (COOP)), dated June 15, 2004. Available from: [http://www.fema.gov/txt/government/coop/fpc65\\_0604.txt](http://www.fema.gov/txt/government/coop/fpc65_0604.txt). Additionally, States should coordinate with their regional FEMA offices as well as the Federal Executive Boards contained in each state.

Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention), July 10, 2006. Available from:  
<http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>.

Corresponding TCL Capability: Planning

Benchmark 1: Essential public health functions and services are documented.

Benchmark 2: Required personnel, including pre-identified volunteer personnel, are rostered.



Benchmark 3: Necessary equipment has been procured, inventoried, and maintained for proper usage.

Benchmark 4: Locations for necessary facilities are documented.

Benchmark 5: Plans are NIMS compliant and are reviewed and updated annually in accordance with Federal, State, and Local regulations and policies.

### Priority 3: Surveillance and Laboratory

#### *Public Health Surveillance*

##### a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Implementation steps for enhanced human surveillance to rapidly detect initial cases of pandemic influenza virus in humans early in a pandemic;
- Monitoring of influenza-related hospitalizations and deaths throughout the pandemic;
- Procedures for notification and information-sharing, including points of contact between health departments, hospitals, medical examiners, vital statistics offices, and other stakeholders including Department of Defense facilities<sup>7</sup>; and,
- Operational steps to obtain and track impact of the pandemic on numbers of influenza-related deaths and hospitalizations and to guide local health departments in reporting the information to the State department of health and to the CDC in a timely manner.

##### b. References:

Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention), July 10, 2006. Available from:

<http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>.

Corresponding TCL Capability: Epidemiological Surveillance and Investigation

Benchmark 1: Mechanisms are in place for enhancing human surveillance for initial cases of pandemic influenza infection and mechanisms to notify the State health department and CDC.

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<sup>7</sup> MOUs between DOD facilities and health departments regarding surveillance and inclusion of military in training and exercises may be cited or provided.

Benchmark 2: Mechanisms are developed for the capture of information on pandemic influenza-related hospitalizations and deaths.

Benchmark 3: Mechanisms are in place for reporting of influenza-related hospitalizations and deaths to the State health department and to CDC.

### *Public Health Laboratory*

#### a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Implementation steps for augmenting the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic;
- Systems and procedures that will be used to exchange specimen-level data electronically among laboratories within healthcare facilities, other clinical laboratories, the State public health laboratory and the CDC;
- Call-down procedures<sup>8</sup>; and,
- Locations for additional laboratory facilities to enhance current laboratory capacity for a response of pandemic proportions.

#### b. References:

Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention), July 10, 2006. Available from:  
<http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>.

### Corresponding TCL Capability: Public Health and Clinical Laboratory

Benchmark 1: Personnel are identified and rostered to staff each laboratory during a response to pandemic influenza.

Benchmark 2: Laboratory supplies and equipment are procured, inventoried and maintained to augment a 100% increase in processing in each lab.

Benchmark 3: Ensure that all communication tools are 100% compliant with PHIN standards.

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<sup>8</sup> Qualified personnel should be identified to staff each laboratory for 24 hours, 7 days a week.

Benchmark 4: Demonstrate that hospital laboratory personnel, statewide, can follow protocols for referral of clinical samples and associated information.

Priority 4: Communication<sup>9</sup>

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Operational plans for two-way communication through the State Emergency Operations Center via an interoperable communications system between (1) state partners (e.g., emergency management) and (2) regional multi-agency coordination centers (made up of regional healthcare coalition, local public health, local emergency management, EMS, local Citizen Corps, funeral directors, etc.)<sup>10</sup>.
- Implementation steps and individuals responsible for development and dissemination of written essential information to the general public and professional response partners (e.g., regional multi-agency coordination centers, state emergency managers, state transportation officials) to enhance their respective preparedness before and during an influenza pandemic.
- Implementation steps and individuals responsible for development and dissemination of culturally-appropriate and language-specific written essential information to the public to enhance their respective preparedness before and during an influenza pandemic.
- Pre-identified spokespersons to work with and disseminate updated materials to the media.

b. References:

Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention), July 10, 2006. Available from:

<http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>.

Health Resources and Services Administration. The FY2005 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance document. Available from:

<http://www.hrsa.gov/bioterrorism/>.

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<sup>9</sup> Communications materials developed by the state should be compliant with HHS pandemic influenza standard communication materials.

<sup>10</sup> See *Providing Mass Medical Care with Scarce Resources: A Community Planning Guide* in References.

Health Resources and Services Administration. The FY2006 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance document. Available from: <http://www.hrsa.gov/bioterrorism/>.

Phillips SJ, Knebel A, eds. Providing Mass Medical Care with Scarce Resources: A Community Planning Guide. Prepared by Health Systems Research, Inc., under contract No. 290-04-0010. AHRQ Publication No. 07-0001. Rockville, MD: Agency for Healthcare Research and Quality. 2006. Available from: <http://www.ahrq.gov/research/mce/>.

Corresponding TCL Capabilities: Emergency Public Information and Warning; Communications

Benchmark 1: Public health and healthcare officials with responsibilities under the operational plan are trained on their roles and responsibilities.

Benchmark 2: Ensure that telecommunications capabilities (IT networks and administrators) are compliant with the PHIN functional areas across State jurisdictions. This should include ensuring interoperability planning and coordination across jurisdictions and disciplines.

Benchmark 3: Ensure communication plans address reaching special needs populations such as the disability communities, citizens with low level English comprehension and English as a Second Language individuals.

Benchmark 4: State website homepages have the [www.pandemicflu.gov](http://www.pandemicflu.gov) website prominently displayed on their homepage and include specific state information and instructions.

Benchmark 5: Demonstrate that a coordinated system is in place to support communications between the healthcare system, key response partners, and the general public.

Benchmark 6: Public health officials with responsibility for developing this operational plan are trained on their roles and responsibilities.

Benchmark 7: Telecommunications capabilities are compliant with the PHIN functional areas.

*Priority 5: Community-Wide Healthcare Coalitions<sup>11</sup> to Meet Patient Surge Expected from Pandemic Influenza*

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

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<sup>11</sup> Coalitions include all health care facilities that work together to enhance surge capacity including hospitals, long term care facilities, primary care practices, dialysis centers, and other assets that may be brought to bear during public health and medical emergencies.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Coalition emergency management committee that meets regularly during planning and response and includes representatives from each participating healthcare facility or entity;
- Protocols for unified incident management that integrates the jurisdiction's response disciplines (e.g. public safety, emergency management) with the health care coalition to meet surge demands;
- Decision-making steps or matrices for the ethical distribution of scarce medical resources within the healthcare coalition;
- Mutual aid /cooperative agreements among the members of the health care coalition for sharing medical resources (e.g. personnel, equipment, supplies);
- Logistics plans for moving resources to sites of greatest need; and,
- Plans for administrative and clinical changes that would be implemented across the coalition to efficiently use available resources and provide the highest standard of care possible under the circumstances.

b. References:

The CNA Corporation. Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies. Available from: [http://www.cna.org/documents/mscc\\_aug2004.pdf](http://www.cna.org/documents/mscc_aug2004.pdf).

Health Resources and Services Administration. The FY2005 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance document. Available from: <http://www.hrsa.gov/bioterrorism/>.

Health Resources and Services Administration. The FY2006 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance document. Available from: <http://www.hrsa.gov/bioterrorism/>.

Emergency Management Assistance Compact. Mutual Aid for Scarce Resources. Available at: <http://www.emacweb.org>.

Phillips SJ, Knebel A, eds. Providing Mass Medical Care with Scarce Resources: A Community Planning Guide. Prepared by Health Systems Research, Inc., under contract No. 290-04-0010. AHRQ Publication No. 07-0001. Rockville, MD: Agency for Healthcare Research and Quality. 2006. Available from: <http://www.ahrq.gov/research/mce/>.

Department of Health and Human Services. HHS Pandemic Influenza Plan; Part 2. Public Health Guidance on Pandemic Influenza for State and Local Partners. Available from: <http://www.hhs.gov/pandemicflu/plan/#part2>.

Corresponding TCL Capability: Medical Surge; Medical Supplies Management and Distribution

Benchmark 1: Organizational chart of unified incident management integrating the coalition and jurisdiction.

Benchmark 2: Signed mutual aid or cooperative agreements among the coalition partners.

Benchmark 3: Contracts or other systems are in place for moving and tracking equipment, supplies and personnel.

Benchmark 4: Membership, agenda and minutes of coalition emergency management committee.

#### Priority 6: Facilitating Medical Surge

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Procedures for reporting available beds using the HAvBED definitions<sup>12</sup>;
- Procedures for deploying and tracking volunteer health care providers using to the ESAR- VHP system requirements<sup>13</sup>;
- Decision-making steps or matrices for the ethical distribution of scarce medical resources between the healthcare coalitions; and,
- Plans for expanding health care services into alternative care sites including identification of locations, scope of care, procurement of staffing, equipment, supplies and pharmaceuticals.

#### References:

Agency for Healthcare Research and Quality. National Hospital Available Beds for Emergencies and Disasters (HAvBED) System Final Report. Available from:  
<http://www.ahrq.gov/downloads/pub/biotertools/havbed.pdf>.

Health Resources and Services Administration. Emergency system for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Draft Compliance Requirements. Unpublished manuscript. October 31, 2006.

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<sup>12</sup> National Hospital Available Beds for Emergencies and Disasters (HAvBED) System Final Report, found at: <http://www.ahrq.gov/downloads/pub/biotertools/havbed.pdf>

<sup>13</sup> Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Interim Technical and Policy Guidelines, Standards, and Definitions, found at: [ftp://ftp.hrsa.gov/bioterror/ESAR-VHP\\_interimGuidelinesL20050614\\_final.pdf](ftp://ftp.hrsa.gov/bioterror/ESAR-VHP_interimGuidelinesL20050614_final.pdf).

Health Resources and Services Administration. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Interim Technical and Policy Guidelines, Standards, and Definitions. Available from: [ftp://ftp.hrsa.gov/bioterror/ESAR-VHP\\_interimGuidelinesL20050614\\_final.pdf](ftp://ftp.hrsa.gov/bioterror/ESAR-VHP_interimGuidelinesL20050614_final.pdf).

Phillips SJ, Knebel A, eds. Providing Mass Medical Care with Scarce Resources: A Community Planning Guide. Prepared by Health Systems Research, Inc., under contract No. 290-04-0010. AHRQ Publication No. 07-0001. Rockville, MD: Agency for Healthcare Research and Quality. 2006. Available from: <http://www.ahrq.gov/research/mce/>.

Corresponding TCL Capability: Medical Surge; Medical Supplies Management and Distribution

Benchmark 1: States can report hospital bed availability data within four hours of receiving a request for the data.

Benchmark 2: States have mechanisms in place to generate a verified list of credentialed and trained health care volunteers within 12 hours of a request being issued and for deploying the volunteers.

#### Priority 7: Fatality Management

##### a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Procedures and systems for documenting, collecting and accounting for final disposition of the dead including retrieval of bodies from homes if necessary;
- Procedures and systems for storage of bodies; and,
- Alternatives to funerals when public gatherings are discouraged.

##### b. References:

Health Resources and Services Administration. The FY2005 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance document. Available from: <http://www.hrsa.gov/bioterrorism/>.

Health Resources and Services Administration. The FY2006 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance document. Available from: <http://www.hrsa.gov/bioterrorism/>.

*Management of Dead Bodies After Disasters: A Field Manual for First Responders.* (2006). Eds., O. Morgan, M. Tidball-Binz, D. Van Alphen. Pan American Health Organization, World Health Organization, International Committee Red Cross, International Federation of Red Cross and Red Crescent Societies: Washington, DC.

Department of Defense. Joint Publication 4-06. 5 June 2006. *Mortuary Affairs in Joint Operations.*

Corresponding TCL Capability: Fatality Management

Benchmark 1: Demonstrate the capability to properly remove bodies from homes.

Benchmark 2: Demonstrate the ability to maintain the proper storage during a pandemic.



**Thematic Area: Education**  
(United States Department of Education)

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*Priority 1: Policy Process for School Closure and the Communication Plan for this Decision.*

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Criteria determining when/if school closure will occur;
- List of individuals with the authorities, roles and responsibilities to officially declare schools closed and authorize their reopening; and,
- Policy and action steps regarding stakeholder notification prior to and during an influenza pandemic that local jurisdictions might incorporate into their own plans.

b. References:

Child Care and Preschool Pandemic Influenza Planning Checklist. Available from:  
<http://www.pandemicflu.gov/plan/school/preschool.html>

School District (K-12) Pandemic Influenza Planning Checklist. Available from:  
<http://www.pandemicflu.gov/plan/school/schoolchecklist.html>

Colleges and Universities Pandemic Influenza Planning Checklist. Available from:  
<http://www.pandemicflu.gov/plan/school/collegeschecklist.html>

U.S. Department of Education, Lead & Manage My School, Emergency Planning: Pandemic. Available from: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html>.

Corresponding TCL Capabilities: Planning; Communications; Isolation and Quarantine

Priority 2: Education and Social Services in the Face of School Closures

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Expectations and thorough plan for continuing education during school closure and how State will support school districts' efforts.
- Expectations and thorough plan for continuing social services (e.g., child protective services, free meal programs) -- typically offered through (or referred by) schools in a non-pandemic environment -- during school closure and how State will support school districts' efforts.

b. References:

Child Care and Preschool Pandemic Influenza Planning Checklist. Available from:  
<http://www.pandemicflu.gov/plan/school/preschool.html>

School District (K-12) Pandemic Influenza Planning Checklist. Available from:  
<http://www.pandemicflu.gov/plan/school/schoolchecklist.html>

Colleges and Universities Pandemic Influenza Planning Checklist. Available from:  
<http://www.pandemicflu.gov/plan/school/collegeschecklist.html>

U.S. Department of Education, Lead & Manage My School, Emergency Planning: Pandemic. Available from: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html>.

Corresponding TCL Capability: Planning

## Thematic Area: Continuity of Critical Functions

(United States Department of Homeland Security)

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### *Priority 1: Sustain/Support 17 Critical Infrastructure Sectors & Key Assets*

#### a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

Measures that deal with continued operation of 17 critical infrastructure and key assets during a pandemic: Agriculture and Food; Defense Industrial Base; Energy; Public Health and Healthcare; National Monuments and Icons; Banking and Finance; Drinking Water and Water Treatment Systems; Chemical; Commercial Facilities; Dams; Emergency Services; Commercial Nuclear Reactors, Materials and Waste; Information Technology; Telecommunications; Postal and Shipping; Transportation Systems; and Government Facilities.

**The five (5) page limit is waived for this priority. Ten (10) pages are allowed to address the combined 17 critical infrastructure and key assets.**

Some of these critical infrastructure sectors and key assets are associated with the priorities listed in Appendix A. These priorities are areas of special interest and were identified by the participating federal departments/agencies. States are responsible for responding separately to the priorities in Appendix A, continuing the format of the template.

#### b. References:

DHS "Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources", September 2006. Available from: <http://www.pandemicflu.gov/>.

"National Infrastructure Protection Plan 2006". Available from: <http://www.dhs.gov/xprevprot/publications/>.

The [Critical Infrastructure Partnership Advisory Council](#) (CIPAC) provides the operational mechanism for carrying out the sector partnership structure. The CIPAC provides the framework for owner and operator members of Sector Coordinating Councils (SCC) and members of Government Coordinating Councils (GCC) to engage in intra-government and public-private cooperation, information sharing, and engagement across the entire range of critical infrastructure protection activities.

Successful execution of the sector partnership structure requires an environment in which members of the SCCs and GCCs can interact freely and share sensitive information and advice about threats, vulnerabilities, protective measures, and lessons learned. CIPAC, which has been exempted from the requirements of the Federal Advisory Committee Act (FACA), is the mechanism to allow meaningful dialogue on key critical infrastructure protection issues and agreement on mutual action between government and owner/operator entities.

CIPAC is a non-decisional body and includes sector members and government members. Sector members are the members of that sector's SCC that are owners and/or operators and the trade associations that represent them. Government members are the Federal, State, local, and tribal government agencies (or their representative bodies) that comprise the GCC for each sector. The most current CIPAC membership list and further information is maintained on the internet and can be found on DHS' CIPAC website. Available from [http://www.dhs.gov/xprevprot/committees/editorial\\_0843.shtm](http://www.dhs.gov/xprevprot/committees/editorial_0843.shtm)

Corresponding TCL Capability: Critical Infrastructure Protection

Benchmark 1: State and/or regional CIP Plans are developed and in place. (Preparedness) (Yes/No)

Benchmark 2: A mechanism for coordinating CIP efforts has been established for Federal and State authorities. (Preparedness) (Yes/No)

Benchmark 3: Risk assessment training program is developed and implemented. (Preparedness) (Yes/No)

Benchmark 4: Data have been collected on assets and systems address dependencies and interdependencies that affect functionality and performance. (Preparedness) (Yes/No)

Benchmark 5: Critical infrastructure/key resources and high consequence systems are normalized and prioritized for consideration of protective programs. (Preparedness) (Yes/No)

Benchmark 6: Percentage of high-risk assets and systems for which continuity of operations plans have been developed. (Preparedness)

*Priority 2: Working with the Private Sector to Ensure Continuity of Operations for Critical Essential Services so that Critical Infrastructure Operations are as "Near Normal" as Possible for Social and Economic Well-Being.*

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Continuity of Business
- Continuity of Government
- Citizen Preparedness
- Emergency Public Information
- Allocation of Scarce Resources

b. References:

DHS "Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources", September 2006. Available from: <http://www.pandemicflu.gov/>.

"National Infrastructure Protection Plan 2006". Available from: <http://www.dhs.gov/xprevprot/publications/>.

Continuity of Operations Plan (COOP). Available from: [www.fema.gov/government/coop/index.shtm](http://www.fema.gov/government/coop/index.shtm).

Citizen Preparedness. Available from: <http://www.citizencorps.gov/> and <http://www.Ready.gov>.

Mutual Aid for Scarce Resources - Emergency Management Assistance Compact (EMAC) found at: <http://www.emacweb.org>.

Corresponding TCL Capabilities: Critical Resources Logistics and Distribution; Economic and Community Recovery

Benchmark 1: Pre-negotiated vendor contracts for critical resources and essential services are established and maintained (Critical Resources TC-Preparedness) (Yes/No)

Benchmark 2: Plans, procedures and systems are in place to pre-position resources to efficiently and effectively respond to an event (Critical Resources TC-Preparedness) (Yes/No)

Benchmark 3: Coordinate regional and State support for community recovery and rehabilitation services (Econ-Community Recovery TC - Critical Task) (Yes/No)

Benchmark 4: Prioritize recovery sequence for economic and community recovery (Econ-Community Recovery TC - Critical Task) (Yes/No)

Benchmark 5: Plans specify the State statutory and/executive order authorities for, officials responsible for, and process to be used, to allocate/ration scarce essential resources. (Yes/No)

Benchmark 6: State plan(s) specify the use of, and authorized users of, the DHS Critical Infrastructure Warning Information Network (CWIN) (Yes/No)

Priority 3: State Plans Must Conform to All NRP / NIMS Requirements

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Conformance to all NRP / NIMS principles and guidelines additionally; and,
- Roles and responsibilities established for the Joint Field Office/Principal Federal Official during a pandemic.

b. References:

National Incident Management System (NIMS) Integration Center. Available from: <http://www.fema.gov/emergency/nims/nims.htm>.

Department of Homeland Security. National Response Plan (ESF). Available from: <http://www.dhs.gov/nrp>.

Corresponding TCL Capability: Onsite Incident Management

Benchmark 1: Describe how State government departments and agencies have formally adopted NIMS.

Benchmark 2: Demonstrate that the State has made progress towards the successful implementation of NIMS.

Benchmark 3: Demonstrate that all emergency response personnel that will be involved in a Pandemic Flu event can properly use ICS components and NIMS.

Benchmark 4: States will assess their Pandemic Flu Plans to ensure proper ICS and NIMS procedures and protocols will be utilized during an event and are clearly articulated in the document.

## APPENDIX A AREAS OF SPECIAL INTEREST

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### **Sustainment of Economy, Trade and Business**

(United States Departments of Commerce, Labor, Housing & Urban Development)

#### **Priority 1: Mitigate the Impact of an Influenza Pandemic on Workers in the State**

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including a description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- How the State will assist private-sector workers who may lose jobs or be unable to work because they themselves are ill or they must stay at home to care for ill family members;
- For States with Family and Medical Leave laws, a review of their statute to see if it can provide assistance to workers within their State who unable to work; and,
- An updated list of resources available to help workers in the State, the method to communicate the resources to the workers/employers, and the process to work with federal and local officials should there be widespread worker absences and/or lay-offs.

b. References:

Pandemic Influenza Business Planning Checklist. Available from:  
([www.pandemicflu.gov/plan/business/businesschecklist.html](http://www.pandemicflu.gov/plan/business/businesschecklist.html))

Corresponding TCL Capability: Planning

Benchmark: States would review all State resources that could be made available to help private-sector workers adversely impacted by a pandemic. Once they complete the review, their Pandemic Plans should be amended accordingly.

#### **Priority 2: Assisting Employers in the State**

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including a description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Communication and policy plans in place to help employers in the State [plan and] cope with any potential pandemic; and,
- [For States that operate their own occupational safety and health program under a plan approved by the U.S. Department of Labor] updated guidance for protecting workers from an influenza pandemic.

b. References:

Pandemic Influenza Business Planning Checklist. Available from:  
([www.pandemicflu.gov/plan/business/businesschecklist.html](http://www.pandemicflu.gov/plan/business/businesschecklist.html))

Corresponding TCL Capabilities: Planning; Isolation and Quarantine; Community Preparedness and Participation

Benchmark: States should review and update all such policies and plans and include them, as appropriate, in their state pandemic influenza operational plan.

## State Workforce

(United States Office of Personnel Management, Department of Labor)

### Priority 1: Employment Policies during an Influenza Pandemic

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including a description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Human capital plans for State employees that identify: staffing needs, mission-critical positions, and contingency plans;
- Approaches for communicating with and educating the State workforce during an influenza pandemic;
- Strategies for consulting and bargaining with exclusive representatives of bargaining units; and,
- Procedure for changing policies that need modification or enhancement.



b. References:

Pandemic Influenza Business Planning Checklist. Available from:  
[www.pandemicflu.gov/plan/business/businesschecklist.html](http://www.pandemicflu.gov/plan/business/businesschecklist.html).

Corresponding TCL Capabilities: Planning; Isolation and Quarantine; Community Preparedness and Participation

Benchmark: States would assess all of their State agencies' continuity of operations plans specifically for an influenza pandemic and would amend their plans to note employment policies and plans that will assist State agencies and their workers in planning for and coping with a pandemic.

*Priority 2: Human Resource Policies for State Employees*

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including a description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Inclusion of [developed and tested] key human resources policies for State employees, including policies designed to facilitate "social distancing," such as work-at-home or tele-work programs; and,
- Associated communications plan to effectively reach all employees.

b. References:

Corresponding TCL Capabilities: Planning; Isolation and Quarantine; Community Preparedness and Participation

Benchmark: States would review all State resources that could be made available to help private-sector workers adversely impacted by a pandemic. Upon completion of a review, pandemic influenza plans should be amended accordingly.

## **Safety and Public Security**

(United States Department of Justice)

### **Priority 1: Coordination of Law Enforcement**

#### **a. Information to be provided:**

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Roles, responsibilities, actions, and priorities to fulfill safety and public security support with decreased workforce<sup>14</sup>; and,
- Clear steps for working with federal (and local) counterparts in changing environment of decentralized federal-State coordination for emergency planning within the Department of Justice-associated sector – focused primarily on the United States Attorneys and relevant federal law enforcement agencies.

#### **b. References:**

Corresponding TCL Capability: Law Enforcement Investigation and Operations

## **Agriculture and Food**

(United States Department of Agriculture, Department of Health and Human Services/Food and Drug Administration)

### **Priority 1: Critical Essential Functions for Food Safety**

#### **a. Information to be provided:**

Name and contact information for their respective lead individual(s) for State meat and poultry inspection program, State contracted food inspection programs, and cooperative agreements with HHS' Food and Drug Administration (FDA) for shellfish, grade A milk, and retail food safety programs.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments in each program area.

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<sup>14</sup> Include use of surge volunteer support, such as the Volunteers in Police Service program.

Pertinent part(s) of the State’s operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- [For States that have “equal to” meat, poultry and egg inspection programs] a prioritized list of critical essential functions that must be maintained in each State-based food safety program in the event of a human influenza pandemic to ensure the safety of meat, poultry, and egg products<sup>15</sup>; and,
- Protocols for maintaining essential functions throughout the human influenza pandemic – including cross utilization of federal inspection personnel, cross-training of available State personnel, and federal laboratory and diagnostic support.

b. References:

Corresponding TCL Capability: Food and Agriculture and Food Safety and Defense

Benchmark 1: Production of State-inspected meat, poultry, and egg products is maintained in the State during a pandemic. Identified priority activities in other State-based food safety programs are maintained.

Benchmark 2: No adverse disease attribution data to State-inspected foods.

*Priority 2: Operational Status of State-Inspected Slaughter and Food Processing Establishments Including Talmadge Aiken Plants*

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State’s operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- [For States that have “equal to” meat, poultry and egg inspection programs] plans/procedures for collecting and communicating operational status of inspected establishments using web-based reporting systems to USDA’s Food Safety Inspection Service<sup>16</sup>.

b. References:

Corresponding TCL Capability: Food and Agriculture Safety and Defense

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<sup>15</sup> This only applies to human pandemic operations plans.

<sup>16</sup> This only applies to human pandemic operations plans.

Benchmark: Daily reporting of operational status of State inspected meat and poultry product facilities to USDA's Food Safety Inspection Service (FSIS).

Priority 3: Communication Strategy for Interface with USDA Food Safety Inspection Service and FDA's Federal State Relations

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- List of and procedures to contact key State subject matter personnel regarding food and agricultural issues in the event of a human pandemic<sup>1718</sup>.

b. References:

Corresponding TCL Capabilities: Communications; Food and Agriculture Safety and Defense

Benchmark: Periodic testing/exercising of communication capabilities between state and federal pandemic coordinators and responders.

Priority 4: Ensure Adequate Reporting Systems Regarding Food Safety

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- Risk communication strategy regarding food safety to provide guidance for public messages through the news media, Internet sites, and responses to direct inquiries; and,
- Adequate reporting procedures and systems so that information -- needed to make public health and administrative decisions -- is available quickly.

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<sup>17</sup> This only applies to human pandemic operations plans.

<sup>18</sup> Using technology supported (web-based posting) communications systems.

b. References:

Corresponding TCL Capability: Food and Agriculture Safety and Defense

Benchmark: Respond to direct inquiries in less than 24 hours.

## **Foreign Diplomacy in United States**

(United States Department of State)

### *Priority 1: State Advisories Regarding Diplomatic Missions*

a. Information to be provided:

Name and contact information for lead individual for State.

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments.

Pertinent part(s) of the State's operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

- [For States containing jurisdictions that host foreign diplomatic missions] protocols or guidelines for issuing guidance to local authorities regarding U.S. treaty obligations concerning the inviolability of foreign diplomatic personnel and facilities.

b. References:

Corresponding TCL Capability: Communications

Benchmark: State provides accurate guidance to local authorities on inviolability of diplomatic personnel and facilities.